Station Fund Report
Local 564
Transport Workers Union

Station: Submitted:

Purpose of expense:

Date	Expense	Code**	Total
		Subtotal	
		Less Cash Advanced	
		Total Owed to You	
		Total Reimbursed	

*Employee Signature: _____ Date: _____

Approved by: _____ Date: _____

*By signing this report I certify that all information herein is true and complies with Local 564 By-laws.

**Include one of the following letter codes for each expense: R=Representational Activities, P=Political Activities, C=Contributions & Gifts, G=General Overhead, U=Union Administration.

Receipts must be attached to expense form.

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